| | | | | | | | | | Application or Docket Number | | | | | | |
|--|---|---|----------------------|----------------------------------|--------------|------------------|---------|------------------------|------------------------------|-----------------------|------------|----------------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 | | | | | | | | | | 10/672559 | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | | OTHER THAN | | | | |
| TOTAL CLAIMS | | | 9 | | | | | RATE | T | FEE | 1 | RATE | FEE | | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC F | ·EE | 375.00 | OR | BASIC FEE | 750.00 | | |
| TOTAL CHARGEABLE CLAIMS | | | 9 minus 20= | | • | | | X\$ 9- | | | OR | X\$18= | | | |
| INDEPENDENT CLAIMS | | | ininus 3 ≢ | | · // | | | X42= | | | OR | X84= | | | |
| MU | LTIPLE DEPEN | IDENT CLAIM P | RESENT | | | | | +140= | | | OR | +280= | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTA | | 25/5 | OR | TOTAL | | | |
| CH CALAMS AS AMENDED - PART II | | | | | | | | | | | OTHER THAN | | | | |
| | (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | | SMAL | | | OR | SMALL | ENTITY | | |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | PREVIO PAID | BER | PRESENT EXTRA | | RATE | | ADDI- NONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| | Total | · 10 | Minus | ** / | XO | | | X\$ 9= | • | | OR | X\$18= | | | |
| AME | Independent | * | Minus | *** C | 3 | • | | X42= | | | OR | X84= | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +140= | | | OR | +280= | | | |
| · · | | | | | | | | TOTA | | | OR | TOTAL ADDIT, FEE | | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | ~DDII | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING | | HIGH NUMI | | PRESENT | 1 [| | | ADDI- | | | ADDI- | | |
| | | AFTER AMENDMENT | | PREVIO PAID | | EXTRA | | RATE | 1 | TONAL FEE | | RATE | TIONAL FEE | | |
| | Total | * | Minus | ** | | = | | X\$ 9= | | ¨ | OR | X\$18= | | | |
| | Independent FIRST PRESE | * NTATION OF MU | Minus ILTIPLE DEF | LTIPLE DEPENDENT | | - - | $\ \ $ | X42= | | | OR | X84= | | | |
| : | | | | | | | | +140= | | | OR | +280= | | | |
| | | | | | | | | TOT/ 400IT, FE | | | OR | YOTAL ADDIT, FEE | | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIO PAID I | SER SUSLY | PRESENT EXTRA | | RATE | | ADDI- IONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| | Total | * | Minus | ±rk | | • | | X\$ 9= | 1 | | OR | X\$18= | 1 | | |
| | Independent | * | Minus | the CANCELL | O A114 | - | l t | X42= | 十 | | OR | X84= | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | 1 | | | +280= | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." | | | | | | | | | | | OR OR | TOTAL | <i>:</i> . | | |
| | if the "Highest Nu | mber Previously Pa ber Previously Pai | M For IN THE | S SPACE i | s been than | n.S. enter *3 * | | NODIT. FE nd in the | | cod etehqo | | ADDIT. FEE umn 1. | | | |
| | DTO STE /Dog 10 | | | | | | | | . • | | <u>.</u> . | | | | |